



SPINAL COURIER

The spinal cord disability information source for Arkansans since 1989

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www.spinalcord.ar.gov

New Staff Joins Little Rock Office



The Little Rock ASCC office has two new secretaries. Loretta McLaughlin (left) started work in March and Shalia O'Donohue (right) began in February 2008.

Loretta has an Associate degree in Office Administration Technology and a background of working for a newspaper and a family lawyer. She lives in Little Rock with her

husband and their two Labrador Retrievers. In her spare time, Loretta likes doing creative things on the computer and playing with her dogs.

Shalia has formal training in computer information and bookkeeping. She previously worked for the Faulkner County Health Department as a Health Records Clerk. She lives in Conway with her two daughters, ages 14 and 16, and one son, age 7. Raising three children and working toward a degree at Pulaski Technical College doesn't leave much time for herself, but Shalia does enjoy reading, especially Patricia Cromwell novels.

ASCC Message Board Now Online

The Arkansas Spinal Cord Commission has started a computerized message board service for clients, family members, caretakers, health care professionals and others interested in spinal cord disability. The message board is a statewide, free service that can be read by anyone. However, to post a message, visitors must first complete an easy registration process.

Message board members will find the board to be an ideal place to draw upon the experiences, knowledge and resources of other members. For instance, are you new in town and looking for a family doctor who has an accessible office? Ask the board for recommendations. Got a wheelchair accessible van for sale? List it on the board. Overwhelmed by your caretaker responsibilities? Share experiences with other caretakers on the board. Just want to talk? There's also a place for that on the board.

A link to the message board can be found on the ASCC website at www.arkansas.gov/ascc/ or you can access the board directly at www.websitetoolbox.com/mb/ascc. Hope to talk to you soon on the board!

Two ASCC Miniconferences Scheduled

ASCC will host two miniconferences this year. The first miniconference will be held on **Friday, September 19th**, at the Donald W. Reynolds Campus and Community Center on the campus of Southern Arkansas University in Magnolia. The second miniconference will be held **Friday, October 10th**, at the Harvey and Bernice Jones Center in Springdale, Arkansas.

Mark your calendar and plan to attend one of these conferences! If you have suggestions for speakers, topics or would be interested in being a conference cosponsor or exhibitor, contact Cheryl Vines at 1-800-459-1517 or cvines@arspinalcord.org. Additional information will be mailed to clients in each region and available on our website.

Welcome to ASCC Loretta and Shalia!

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SPINAL COURIER

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From the Director

Over the past several months, folks have asked me 'who's the oldest Arkansan with a spinal cord injury?' 'Who's lived the longest after spinal cord injury?' I used to know the answer off the top of my head, but those folks have passed on and to find out I had to query the Arkansas Spinal Cord Disability Registry. ASCC Research & Statistics Manager Tom Farley has done a great job over the past 20 years developing our registry to be one of the most dynamic as well as the oldest spinal cord registries in America. As of March 1, 2008, over 6,066 cases had been recorded on the registry, with 2,350 cases presently active. That's a lot of folks living with spinal cord disabilities in our state.

So, what's the answer? Well, Ms. Bertha West of Magazine Arkansas asked me that question last fall. I still so enjoy real letters, putting pen to paper and trusting the U.S. Post office to deliver, as Ms. Bertha and I corresponded several times. Ms. Bertha was the oldest, at age 87, born in 1920. Unfortunately, I'm a little late with this article I promised her, Ms. Bertha passed away this month. Dennis Canley, who hails from Crossett, is now the reigning SCI 'elder' at 86. He is joined by Ms. Gwendolyn Hodges of Jacksonville, who has lived 77 years with Spina Bifida and Ms. Marie Williford, who sustained a spinal hemorrhage and is 97 years young.

When it comes to surviving longest after spinal cord injury, the ladies rule. Three Arkansas ladies have each lived over sixty-one years after spinal cord injuries! Those amazing ladies are Ms. Francis Burnett of Jacksonville, Ms. Margaret McGee of Gravette and Ms. Betty Tener of Bentonville. I'll bet they have some stories to tell!

So, that's the scoop! Many folks live very long, very productive lives after spinal cord disabilities. Our state is full of them! And we lost a great one in Ms. Bertha West.

Enjoy the beautiful spring!

Cheryl L. Vines

In Memory of Ricky Hood, continued

Robert & Jean Dennis
Mr. & Mrs. Kenneth Galloway
Sudie Golden
Don Hale & family
Debbie & Pat Henry
Leon Hood
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Jacquelyn Stormo
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In Memory of Alice Fenimore
MaryJo & Bill Stanton

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AR Spinal Cord Commission
1501 N. University, Suite 470
Little Rock, AR 72207

Time to Sign Up for Camp!

It's hard to believe—but Spina Bifida Camp is just around the corner! Each year, the Arkansas Spinal Cord Commission, in cooperation with Med Camps of Arkansas and Camp Aldersgate, sponsors a week-long camp for children ages 6 to 16 at Camp Aldersgate. **This year's camp is June 22 through June 27, 2008.**

There is no fee for this week of camp. However, each family is responsible for providing transportation for their child to and from Camp Aldersgate. Camp Aldersgate is located in a quiet, rustic area in west Little Rock near Baptist Health Medical Center.

The Med Camps program provides a weeklong residential camping session for children with specific medical and/or physical challenges. Parents or guardians meet with camp nurses and counselors during

camp registration to review each camper's needs. Nurses administer medications and provide health care on a 24-hour basis. Camp physicians visit the camp and are on call throughout each camping week.

The camping program is designed to increase campers' self-esteem by creating opportunities to meet personal challenges. Participation in personal hygiene and housekeeping chores encourage campers' responsibility and independence. They learn to work in harmony with others, broaden skills and interests, as well as develop initiative and resourcefulness. This is a time of growth and learning for the campers while they spend a week full of fun activities.

Camp activities include: campfires and singing, canoeing, fishing, arts and crafts, swimming, and nature

hikes. Activities that focus on creating more of a personal challenge include an accessible challenge ropes course, hand and/or foot driven catamarans, adapted archery, and, a big hit with older campers, SCUBA diving.

All cabins, dining hall, health care center, and activity buildings are air conditioned and accessible.

Applications and brochures were sent out in March. We only have room for 45 campers, and acceptance is based on a first-come, first-served basis—so be sure to send your application in ASAP!

If you have questions regarding camp, or if you did not receive your application, call MaryJo Stanton at **501-296-1788** or **800-459-1517** or by email at **mjstanton@arspinalcord.org**.

See you at Camp!

What Kind of Exercise Do I Need?

Fitness means that a person has the cardiorespiratory endurance, muscular strength and flexibility to perform all desired activities without undue physical stress. To be fit, you need all of these components. Some you may get from your every day activities, while others will require a physical activity program.

CARDIORESPIRATORY ENDURANCE

Cardiorespiratory endurance is an important component of physical fitness. For cardiorespiratory endurance, you need to use the largest muscles available in a continuous and rhythmical motion. This activity results in an increased heart rate, increased oxygen consumption and increased breathing rate. These are the activities we think of as being 'aerobic'—doing them long enough and correctly will result in a faster heart rate, some breathlessness and sweat!

These activities should be worked into slowly. An easy rule of thumb, in terms of workload, is the 'talking' method. If you are so out of breath you cannot talk, your body is being overworked and you should slow down or stop. However, if you can sing a song without problem, you are not working hard enough!

People with SCI levels above T-6 typically show less improvement in cardiac and respiratory responses to exercise, partly because of damage to the sympathetic nervous system at these levels. You can still do these activities, but your capacity may not increase a lot.

ENDURANCE ACTIVITIES

Wheelchair push or endurance run is probably the easiest way to do obtain cardiorespiratory endurance. If you are interested in competitive wheelchair racing, there are specialized road racing

wheelchairs. You can easily push your present wheelchair. To start, a flat surface is best—this may be the high school track, a mall or gym (especially in hot weather) or just up and down your street. Pick a comfortable distance to start, and increase it each week. Time yourself to see how long it takes you to go a set distance, and work at decreasing the time or increasing the distance.

Arm Cycle Ergometry - If you do not want to go out of the house, the arm cycle or ergometer is a good resource. The arm cycle looks like a set of bicycle pedals mounted on a tabletop frame. You sit in your wheelchair at a table, put your hands on the pedals and push. Most arm cycles have speed and distance gauges. You can purchase basic ones for less than \$25 and the more complex up to \$2,500. A list of resources is available from the ASCC McCluer Resource Center.

See **Exercise** on page 7

Generic Drugs: Frugal Pharmaceuticals or Penny-Pinching Problems?

By Richard L. Bruno

Given the high cost of medications, especially if you're taking lots of pills and trying to live on SSDI, many people look to save money by switching from brand name drugs to cheaper generic meds. Often, there's no problem in being frugal and taking a generic drug. However, pinching pennies can cause problems if you're not aware of the sometimes significant differences that allow generics to be cheaper than brand name drugs and the interactions between the drugs you're taking with the foods you eat.

It Ain't Necessarily So

"Generic products will perform the same as their respective brand name" drugs, says The Food and Drug Administration Office of Generic Drugs, "with respect to identity, strength, quality, purity and potency." But federal law says generic drugs do not have to "perform the same" as brand-name drugs with respect to strength and potency. By law a generic can put between 20 percent less to 25 percent more drug in your blood than the brand name drug. Say you take a 500 mg capsule of Tylenol. You then decide to buy the much cheaper generic acetaminophen and take 500 mg. The generic may be giving you 400 mg or as much as 625 mg of acetaminophen. That 225 mg range may be insignificant when taking one acetaminophen. But, if you're on a medication where the dose is critical, like drugs for irregular heart rhythms, blood pressure or epilepsy, a small increase of the drug in your blood could make you toxic, while a small decrease could render the drug ineffective.

If a generic drug must be chemically identical to the brand name drug, why can there be such wide

difference in the amount of the generic in your blood? In order to manufacture a solid pill, the "active" medication is combined with inactive ingredients called "excipients"—flavors, fillers, binders and dyes—that can differ widely in generics from those in brand-name pills. Some excipients, like lactose or gluten, can themselves cause adverse reactions. Others are very important in timed-release medications because they determine where the chemical is released in your stomach or intestines—and how quickly it is absorbed into your blood. Increased drug release is the problem one polio survivor had on her generic roller-coaster ride.

No Stomach for Generics

"I choked last night!" That's how Patty, a 60-something polio survivor, introduced her problem. I asked what she was eating (rice), if she'd had swallowing trouble before (no), and if anything new was going on in her body and life (no and no). She said that she'd choked because she "didn't have enough saliva to get the food down."

... Patty had gotten caught in the generic bait and switch. ...

Dry mouth, one of the most common side effects of all medications, is even more common in polio survivors whose vagus nerve is damaged by the poliovirus—the vagus nerve turns on the salivary glands, swallowing muscles, stomach and intestines. I asked if she'd changed any meds. Patty said "no" and then looked at her pill bottles. "I have the right number of bottles but there's no Ditropan XL." Patty had been using Ditropan XL to control a leaky bladder for years without problems.

"Does one bottle say 'oxybutynin,' I asked?

"Yes! How did you know?"

Patty had gotten caught in the generic bait and switch. Without telling her, Patty's mail-order drug company had switched her from brand name Ditropan XL to a cheaper generic "extended release" oxybutynin, the active ingredient in Ditropan XL. You may be shocked to learn that nine states allow substitution of generics for brand name drugs without your consent or knowledge.

The problem with Patty's generic wasn't the oxybutynin, it was the excipients that provided the "extended release." The Ditropan XL pill is an ingenious device. A precision-laser drills an opening in each tablet. When the pill enters the intestine, water flows through the opening and causes an inner layer of excipients to expand and push the oxybutynin out of the pill at a controlled rate. The pill containing generic oxybutynin that Patty was now taking was not so precise. Its oxybutynin was dissolved in a gel that "eroded" to release the drug. In Patty's case, the gel apparently released too much drug, causing severe dry mouth and making her choke.

Patty called the mail-order drug company and was told that they wouldn't give her Ditropan XL, but that they would send her a different generic oxybutynin.

Two days after Patty started the new generic, her mouth was no longer dry, but she became severely constipated as the drug slowed down her intestines. Adding embarrassment to injury, the new generic oxybutynin did not control Patty's bladder.

Patty saw her doctor, who gave her a prescription for Ditropan XL on which he wrote, "Brand name medically necessary, do not substi-

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Generic Drugs

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tute.” Patty was also given medication to stimulate her intestines and had x-rays to make sure her gut hadn’t stopped working. Any savings gained by giving Patty generic oxybutynin were lost many times over in emotional stress, physical pain and the cost of doctor visits and tests.

Penny-Wise and Paxil Foolish

Mike, a 50-something wheelchair user with multiple sclerosis, takes baclofen for spasticity, Nexium for acid reflux and Paxil for a past depression. When he got an e-mail from his mail-order pharmacy telling him that it was time to renew his prescriptions, it included a message he’d never before seen: “Start saving on prescription costs with generic drugs. Choose lower-cost alternatives you want your doctor to consider.” Nexium was listed with a yearly copay of \$300. Two “alternatives” were also listed: omeprazole (\$68 per year) and cimetidine (\$8 per year.)

“I saw \$8 per year, called my doctor and asked for a cimetidine prescription,” says Mike. He sent the prescription to his mail-order pharmacy and started cimetidine. Unlike Nexium, which he took in the morning, cimetidine had to be taken in the morning and evening, when Mike also took Paxil. Several days after beginning cimetidine, Mike’s problems started.

“I felt very dizzy, nauseous and had trouble with my memory. I’d go from one room to another and forget why I’d made the trip.”

Afraid he was having an MS flare-up, Mike went to his neurologist, who agreed and prescribed an oral steroid *without* asking what drugs Mike was taking or if any of them had changed. When he felt no better a week later, Mike thought back and dated his symptoms from the day he started cimetidine. Mike went online and found a drug interaction website, entered “cimetidine

and Paxil” and saw this warning:

Cimetidine can increase the amount of Paxil in your blood. Contact your doctor if you experience dizziness, nausea or confusion while taking cimetidine and Paxil together.

“I wasn’t having a flare-up!” Mike said. “I was overdosing on Paxil by taking cimetidine.”

Mike went back on Nexium and his symptoms disappeared. “I spent weeks feeling rotten and paid more on the doctor and steroids than I would have saved taking cimetidine,” says Mike. “Some ‘lower cost alternative.’”

What Then Must You Do?

Mike’s family doc should have known about the interaction with Paxil before giving him a prescription for cimetidine. But gone are the days when doctors take the time to know the drugs you’re taking. Also becoming a thing of the past is the corner pharmacy, where the pharmacist knows you and your meds. Today, you need to be your own pharmacist.

First, make a list of the drugs you’re taking, the dose, the time of day you take each pill, and its *manufacturer*. Your mail-order drug company may change generic drug makers from refill to refill if they can get the drug more cheaply. So, keep the current pill containers and make sure the manufacturer is the same with each refill. Call your doctor if the pharmacy pulls the generic bait and switch and you have new symptoms or the drug no longer works for you. And, remind your doctors to write “do not substitute, brand name medically necessary” on the prescription if you want the brand name drug. You can appeal to the mail-order pharmacy to charge you the same for the brand-name drug as the generic if your doctor says it’s medically necessary.

Second, list the supplements you’re

taking (vitamins and herbs) and all over-the-counter meds (antihistamines and pain meds) and discuss their potential interactions with your doctor and pharmacist.

Finally, you may be surprised that food can affect drug release. Increasing the acidity of your stomach by eating grapefruit, or decreasing acidity by taking an antacid, can prevent a drug from being released or cause the amount in your blood to be increased.

Generic drugs can be a lifesaver, literally, if you can’t afford brand name meds and the Medicare “doughnut hole” is actually a trap door to bankruptcy. But, we need to take responsibility for what goes into our bodies, be it prescribed medication, and over-the-counter drug or our morning grapefruit.

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2008 Therapeutic Arts Festival

The 2008 ‘Bringing Out the Best in Me’ Therapeutic Arts festival is scheduled for **Friday, May 2, 2008**, 10:00 a.m. - 1:00 p.m. at the Clear Channel Metroplex in west Little Rock.

The program is designed for Arkansans with disabilities to experience arts and other recreational opportunities. This year’s program will include:

- Hands-on Activities
- Make-it-and-Take-it Crafts
- Climbing Wall
- Food, Music and Much More!!

There is no cost to participants. For additional information, contact Little Rock Parks and Recreation Department Therapeutic Recreation program at **501-565-0140**.

Up Close and Personal: Patti Rogers

This is the latest in a series of articles profiling the ASCC staff members.



Every ASCC Case Manager, at some time has said, “I need to talk with my supervisor about that.” For nearly 19 years, that supervisor has been Patti Rogers. As Client Services Administrator, Patti is responsible for hiring, training, supervising and evaluating all Case Managers and field office support staff, 19 of ASCC’s staff of 25! That includes visits to 10 field offices and responding to hundreds of calls a month from staff, clients and service providers. In her ‘spare time’ recently, Patti has developed an orientation program for new Case Managers and a monthly wheelchair evaluation clinic, as well as serving on the Board of Directors of the American Association of Spinal Cord Injury Psychologists and Social Workers.

A Licensed Social Worker, Patti started her career as a teacher and coach, with a Bachelors degree in Physical Education. She later completed her Masters degree in Counseling. When she isn’t at work, Patti can be found rooting for her favorite sports team, wood working, reading or working around her home near Greenbrier.

“It was my lucky day when I interviewed Patti Rogers in 1989,” notes ASCC Executive Director Cheryl Vines. “Her experience, empathy and enthusiasm are perfect for this position.”

PROFILE:

Date And Place Of Birth: February 4, 1954, Pocahontas, AR.

Family Members: Me, two manx cats, Spike Lee and Sissy, and one BIG dog named Roberta. I also have a brother, three handsome nephews and one beautiful niece who’s 5 going on 25.

If I Did Not Live In Arkansas, I Would Want To Be: In a cabin in the Smokey Mountains.

I Absolutely Will Not Eat: Beets, fish and liver.

One Thing People Would Find Surprising About Me Is: I was once hired by the LRPD as a police officer. My friends were able to convince me I had completely lost my mind before it was too late!!!

My Favorite Movie Is: I actually have two: *Rainman* and *Pretty Woman*.

My Favorite Song Is: Anything by Luther Vandross, probably *The Power of Love*.

The Last Book I Read Was: John Grisham’s *The Appeal*.

I Am Most Comfortable With People Who: Let me be myself and still believe in me when I make mistakes.

On a Saturday Night You Will Most Likely Find Me: In basketball season, watching the Razorbacks and during the summer in Mountain Home, AR on Lake Norfolk.

My Favorite Pastimes Are: Fishing, woodburning and reading.

The Best Advice I Ever Received Was: My mother told me two things: Always remember a real friend is one who walks in when the rest of the world walks out. Do your best the first time and you won’t have to go back and do it over.

My Favorite Saying Is: How Cool Is That!

I Knew I Was Grown Up When: I found my first apartment and Dad didn’t pay the rent! Actually sometimes it’s debatable whether I am completely grownup yet and I am not sure I want to be.

The One Thing I Always Wanted To Do But Have Never Had The Chance Was: There are actually two: Learn to play the guitar, and guide a team of sled dogs in Alaska.

One Word To Sum Me Up: Understanding.

Exercise

Continued from page 3

Hand Cycling - A hand cycle is a hand pedaled bicycle. Hand cycles come in many models, but most are fairly low to the ground to make it easy to transfer from your wheelchair. As the name implies, you move the cycle by pedaling with your hands, so upper extremity function is needed. Hand cycles are typically used on roads or bike paths as they are large and do not maneuver easily (your wheelchair can be attached to the back). Most companies who sell wheelchairs sell hand cycles. If you hand cycle, remember, as far as you cycle out, you have to come back! So, find a circular route at first.

Wheelchair Aerobics - Wheelchair aerobics is an inexpensive exercise program that requires little or no equipment. Basically, you follow an instructor and go through a set of continuous exercises using arms and upper body. There are many wheelchair aerobics DVDs that can be purchased or borrowed from the ASCC McCluer Resource Library.

Swimming - Swimming is an excellent endurance activity as it takes no equipment and your joints are protected in the water. If you swim for endurance, you must swim laps. Other water activities may be beneficial but lap swimming (any stroke) increases your cardiovascular system. If you do not know how to swim, contact your local Red Cross swim program to learn.

MUSCULAR STRENGTH AND ENDURANCE

Strengthening exercises are most familiar to people with spinal cord injuries as these are needed for wheelchair pushing, transfers and dressing. Muscular strength is the ability of the muscle to apply maximal force against resistance (weight). Muscle endurance is the ability of muscles to contract and relax over a period of time without

fatiguing. Endurance is needed for pushing distances or up hills, but also for daily activities like washing dishes, doing laundry or driving. Exercises that increase muscle strength and endurance can prevent injuries, improve transfer ability and ease strain on bones and joints.

Weight Lifting - Weight lifting is the activity we think of most often when we think of strengthening. Free weights can be lifted or moved around, such as dumbbells, wrist weights or even cans from your cupboard or plastic cartons filled with sand. Start with lifting a low weight (1-2 lbs. in each hand) until you can increase repetitions, then move to heavier weights. Wrist weights work well if you do not have much grasp in your hand. Weight machines are found in rehabilitation centers, private and public gymnasiums. Always work with a staff person to set up a weight machine program that will be useful to you. Many activities can be done in your wheelchair. If you get out of your chair to use some equipment, make sure someone is around to spot you.

Stretch Bands - Stretch bands such as Therabands and Tigerbands can be used to provide resistance for strengthening exercise. These are 3-4 foot elastic rubber bands that can be pulled from the end or stretched around stationary items and pulled. They can be easily moved to allow resistance from different directions. Therabands are easy to use at home, the gym or in any location. They are available at Wal-Mart, sporting good stores and therapy clinics.

FLEXIBILITY

Flexibility is the ability to use a muscle through its maximum range of motion. It is the ability to move your joints, to bend, stretch, and twist easily. Stretching exercises are useful in maintaining or improving your flexibility. If you have had you injury for a long time, some of your joints may no longer be flexible. This can be from lack

of use or from a physical condition such as a contracture or heterotopic ossification. Inflexibility from lack of use should be able to be improved with range of motion activities. Inflexibility due to a physical reason, can not be moved with stretching or ranging and could cause additional damage. These are things to discuss with your doctor or a physical therapist.

Range of Motion (ROM) - You probably remember range of motion as one of the first activities you learned in rehabilitation, when a therapist came in and moved your arms and legs, taking each joint through its full 'range,' as far as it will open or expand and close or tighten. ROM should be done gently with a fluid movement, not bouncing or with quick repetitions. *Never* try to force a joint.

Movements should be repeated several times with increased pressure or resistance with each time. Remember, all joints need ROM, not just the big ones like hips, elbows and knees! Fingers (especially for those with tetraplegia), wrists, ankles and your neck will also benefit from stretching. ROM is a great exercise. It can be done in bed, on a mat or floor (with cushion) and in a wheelchair but it is hard to take big joints through their full range while sitting. A physical therapist can suggest a ROM exercise plan or you can get a copy from your homecare manual (i.e., *Yes, You Can!*). If you cannot do the full range yourself, you may need to train a helper to assist you.

It may be difficult at first to include cardiorespiratory, strengthening and flexibility exercises into your daily schedule. You may want to start with one and work it in (like a daily stretch) and then move to others or set up a schedule to do cardiovascular activities on some days, muscle strengthening on other days and stretching every day. Studies have shown that even short exercise periods of 10-12 minutes are beneficial. The best day to get started is TODAY!

Congratulations, Leonard Boyle!

On February 11, 2008, ASCC client Leonard A. Boyle, Sr. of Little Rock became the new Executive Director of the Governor's Commission on People with Disabilities, a program of Arkansas Rehabilitation Services (ARS). As the Executive Director, he will serve as facilitator and clearinghouse for resources promoting awareness of the issues of people with disabilities and provide technical assistance within the community.

Having developed Multiple Sclerosis in 1992, Leonard is well acquainted with the needs of the disabled community in Arkansas. His now-deceased friend and mentor, Verlon McKay with ADAPT was influential in guiding Leonard in the area of disability rights.

Leonard has worked with Mainstream, the Arkansas Department of Health and Human Services Working Disabled Medicaid and



the Welfare-to-Work Program. He graduated from Pulaski Technical College with an Associate Degree and then transferred to UALR to major in Political Science. From January to April in 2004 and 2005 Leonard served as an Intern/Clerk in U.S. Congressman Vic Snyder's office.

"My personal goal is to work for changing policies. When we hit obstacles, we must battle to get them changed," stated Leonard. He should be able to put his goal into action in his new position at ARS. Congratulations, Leonard!

Three-on-Three Wheelchair Basketball Tournament Returns

The second annual Rollin' Round the Rim with the Rollin Razorbacks will be held at Tucker Coliseum on the Campus of Arkansas Technical University in Russellville on **Friday, April 18 at noon.**

Teams consist of both male and female players with one male and one female on the floor at all times. Team registrations are \$15 and due by April 4th. Admission is free.

For more information contact ATU Department of Parks, Recreation and Hospitality at **479-968-0378.**

Fayetteville SCI Support Group

Meetings are held on the last Thursday of every month from 2-4 p.m. at Sources for Independent Living, 1918 Birch Road. Call Howard at **479-442-5600** for more information.

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